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Use

Only

FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC FIRE OS

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NAME OF COMMITTEE (in full)	X	(Check if name is changed)	Example: If typing, type over the lines.	12FE4	M5	
Run Shari	ron A	ngike			<u> </u>	
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ADDRESS (number and stre	$ ho_{ m eet)}$ $ ho_{ m l.l.}$	O BOX 1	7373		1 1 1 1 1	
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COMMITTEE'S E-MAIL AD	DDRESS					
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<i>3</i> ,	Optiona	I Second E-Mail Ad	ddress			
	<u>lrioit</u>	neritities	e agmailco	M_{\parallel}		
√ (Check if address is changed)	ss [<i>WW</i>	w.sharr	zonangle, co	m <u>. </u>		
2. DATE 0 3	åi j	ĎĬĚ				
3. FEC IDENTIFICATIO	N NUMBER	C				
4. IS THIS STATEMENT	X NEV	/ (N) OR	AMENDED (A)			_
I certify that I have examin	ned this Statem	ent and to the bes	t of my knowledge and belief it	is true, cor	rect and complete	
Type or Print Name of Trea	asurer	Robert	Tese	·,·· - · · · · · · · · · · · · · · · · ·	 	
Signature of Treasurer	-Ro	best Se		Date &	3 31	3016
NOTE: Submission of false,			may subject the person signing TION SHOULD BE REPORTED			of 52 U.S.C. §30109.
Office			For further information c	ontact:	FEC E	OPM 1

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

	I LO I OIII	1 (11641560 02/2003)		i age Z					
5.	TYPE OF COMMITTEE RUN Sharron Angle Candidate Committee:								
	(a) X	This committee is a principal campaig	gn committee. (Complete the candidate information b	elow.)					
	• •	This committee is an authorized commonity of the common of	mittee, and is NOT a principal campaign committee.	(Complete the candidate					
	Name of Candidate	Sharron E.A	nghe						
	Candidate Party Affiliation	Rep Office Sought:	House 🗶 Senate Preside	State NV ent District OO					
	(c)	This committee supports/opposes only	y one candidate, and is NOT an authorized committe	ee.					
	Name of Candidate								
	Party Comr	nitt ee :	(Mational State	(Democratic,					
	(d)	This committee is a	(National, State or subordinate) committee of the	Republican, etc.) Party.					
	Political Ac	ion Committee (PAC):							
	(e)	This committee is a separate segrega	ated fund. (Identify connected organization on line 6.) I	ts connected organization is a:					
		Corporation	Corporation w/o Capital Stock	Labor Organization					
		Membership Organization	Trade Association	Cooperative					
		In addition, this commit	tee is a Lobbyist/Registrant PAC.						
		This committee supports/opposes mo committee. (i.e., nonconnected commit	re than one Federal candidate, and is NOT a separatee)	ate segregated fund or party					
		In addition, this committee is a	Lobbyist/Registrant PAC.						
		In addition, this committee is a	Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fundra	ising Representative:							
			ays fundraising expenses and disburses net proceeds of which is an authorized committee of a federal candi						
			ays fundraising expenses and disburses net proceeds th is an authorized committee of a federal candidate.	for two or more political					
	Comm	ittees Participating in Joint Fundra	aiser						
	1. [1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number C						
	2. <u> </u>		FEC ID number C						
	3.		FEC ID number C						
	4.		FEC ID number C						

Run Sharron Angle

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Mailing Address

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